



Medication for Opioid Use Disorder

DATE: March 6, 2025 PRESENTED BY: Dan Hoover, MD | Assistant Professor | OHSU Section of Addiction Medicine

Professional Background

- Internal Medicine / Addiction Medicine Dr at OHSU & OHSU Hillsboro MC
- 2021-2023 BJA-COSSUP grant: Clackamas County Jail
- OHA State Opioid Response grant: Addiction Medicine ECHO Director (statewide learning collaborative)
- Eastern Oregon CCO (medicaid-payor): regional jail technical assistance
- OR Criminal Justice Commission
 - Director of OHSU's deflection implementation technical assistance
 - Serves as member of Jail-MOUD grant review committee

Personally



Who's here today?



Outline

- Fentanyl arrives in the West
- The chronic disease of opioid use disorder (OUD)
- Medication for opioid use disorder
- Transforming our systems
- Funding the care
- OHSU resources



Fentanyl Hits the West





THE WARREN ALPERT
Medical School
BROWN UNIVERSITY

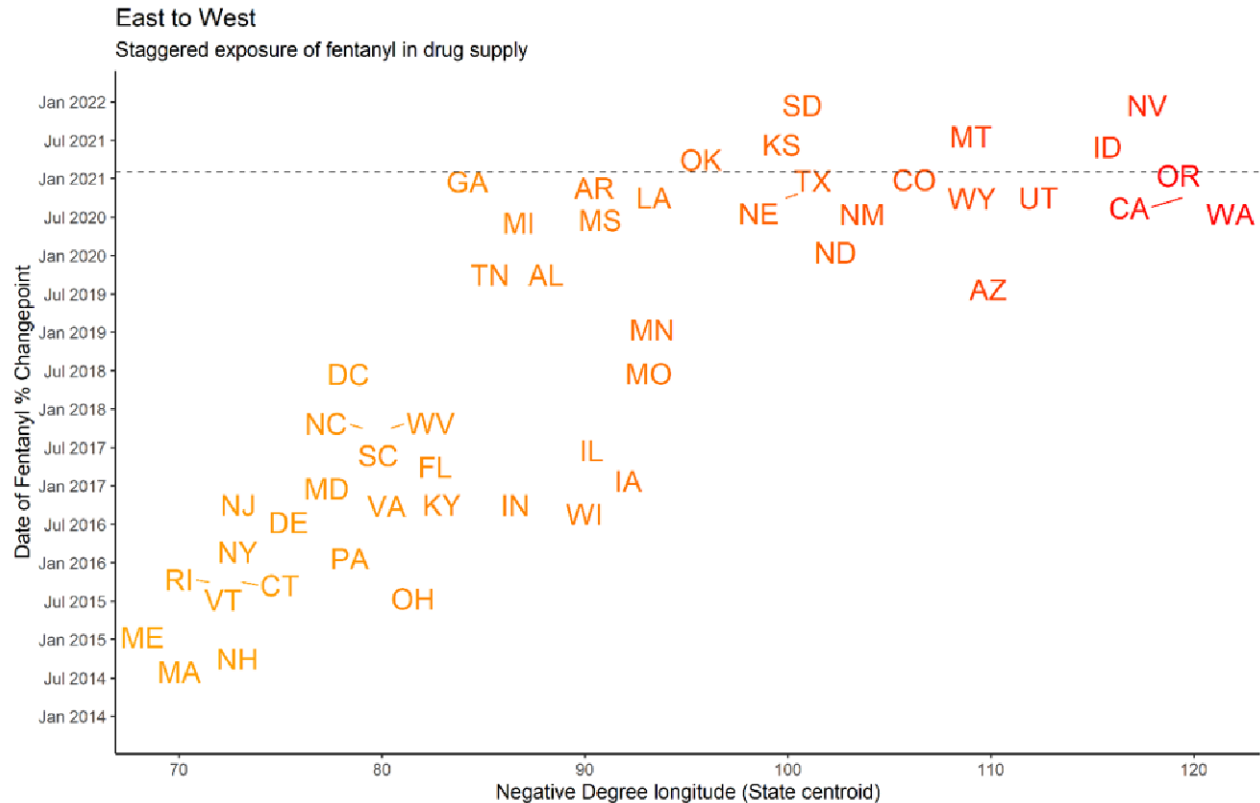
Who does drug interdiction?

Drug decriminalization, the introduction of fentanyl to drug markets, and fatal overdose in Oregon

Brandon del Pozo, PhD, MPA, MA

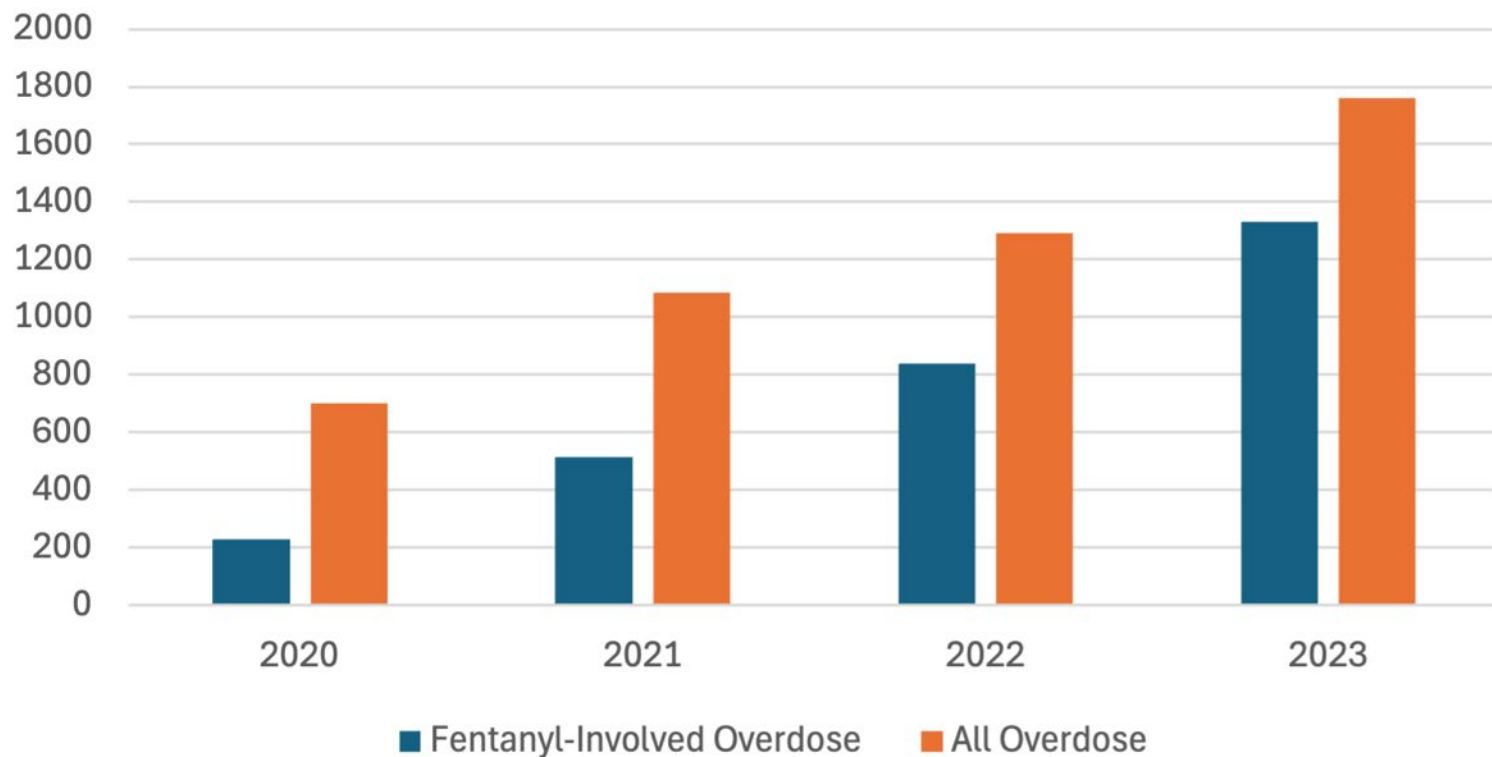
Presented at RTI M110 Summit: <https://www.rti.org/event/oregons-ballot-measure-110-symposium>
https://s3.amazonaws.com/assets.cfseco-system.com/m110/Presentations/Panel+1_Del+Pozo.pdf

Figure 1: Geographical spread of the rapid escalation of fentanyl in the unregulated drug market by state.

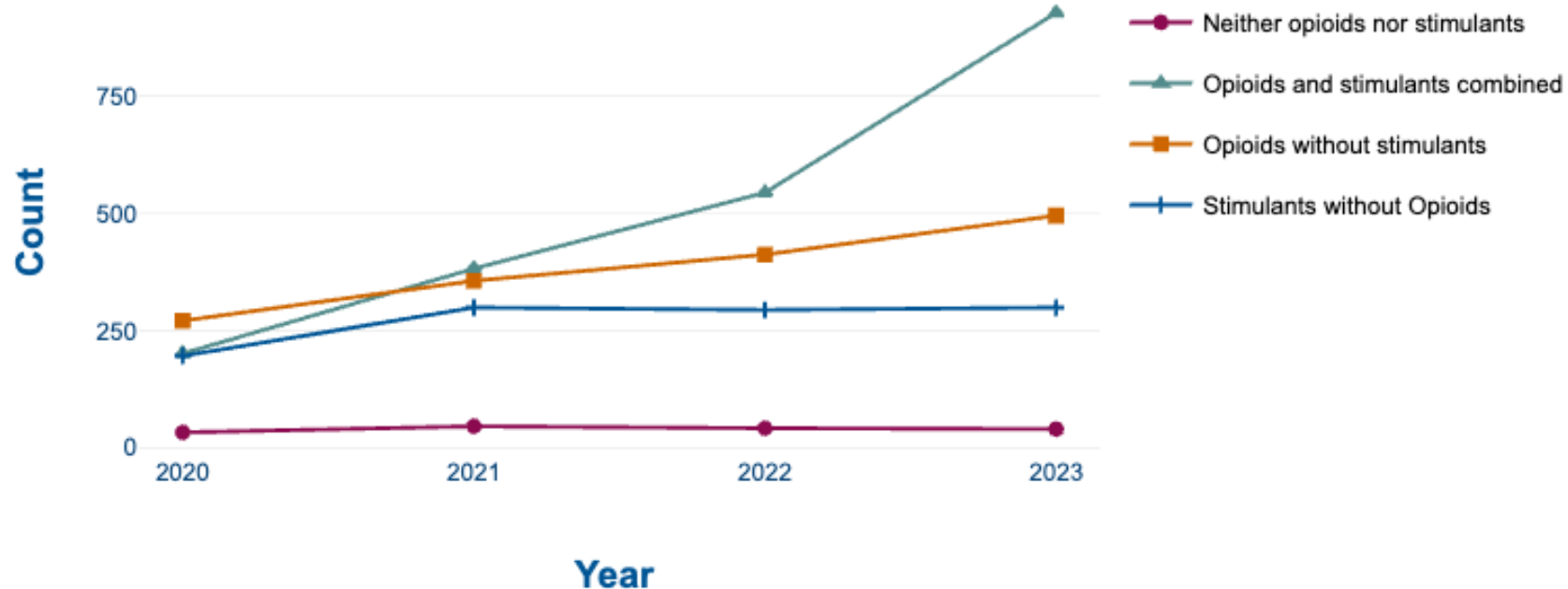


Source: NFLIS Public Query Data. *change point* R package used to identify shifts

Oregon Fatal Overdoses 2020-2023

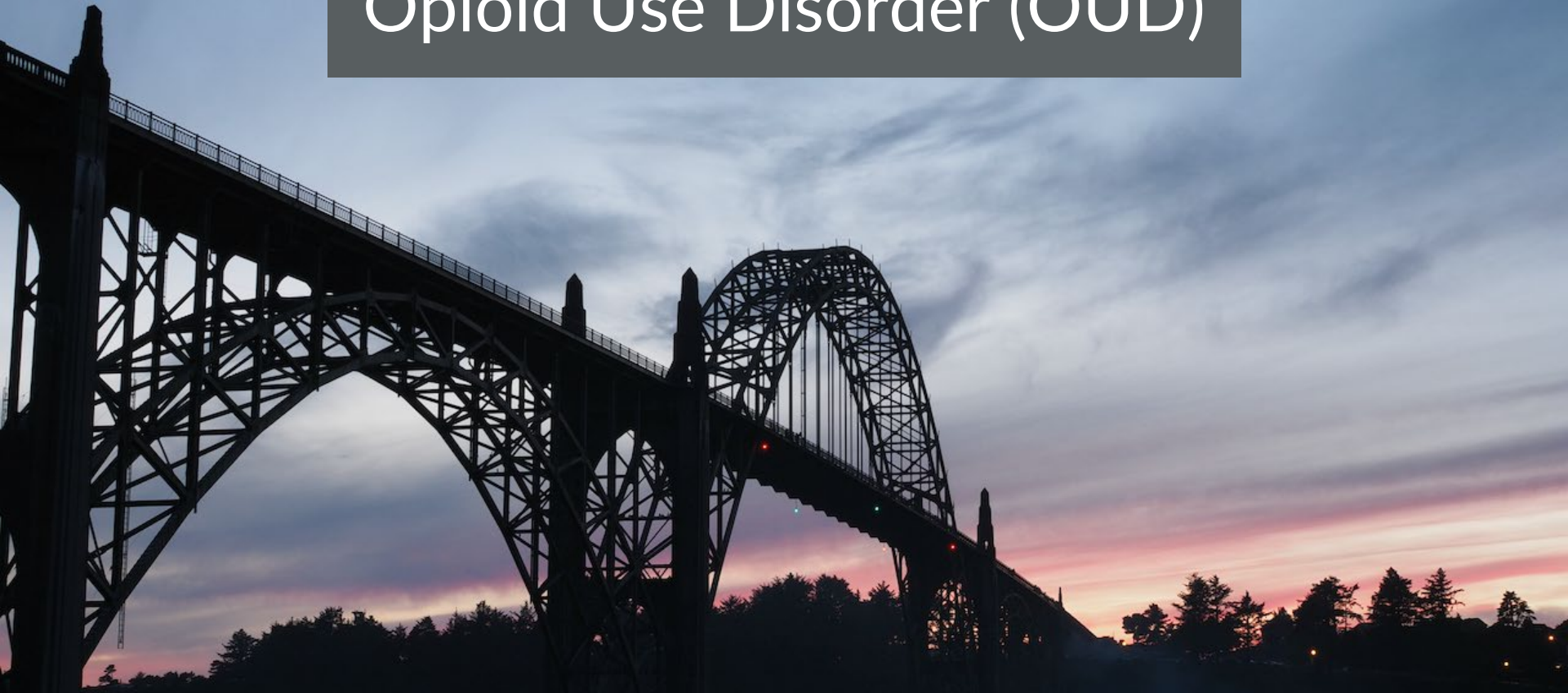


Death by opioid and stimulant involvement



Data Source: State Unintentional Drug Overdose Reporting System (SUDORS)

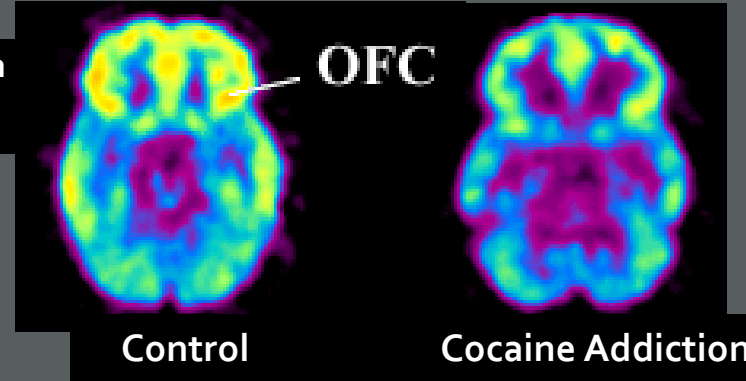
Opioid Use Disorder (OUD)



Chronic Brain Disease

- Outdated view:
 - moral failing, bad choice
- Modern, evidence-based view:
 - Genetic and environmental factors
 - Structural and functional disruption of motivation, reward, inhibition
 - Drug use becomes an automatic, compulsive behavior (addiction)

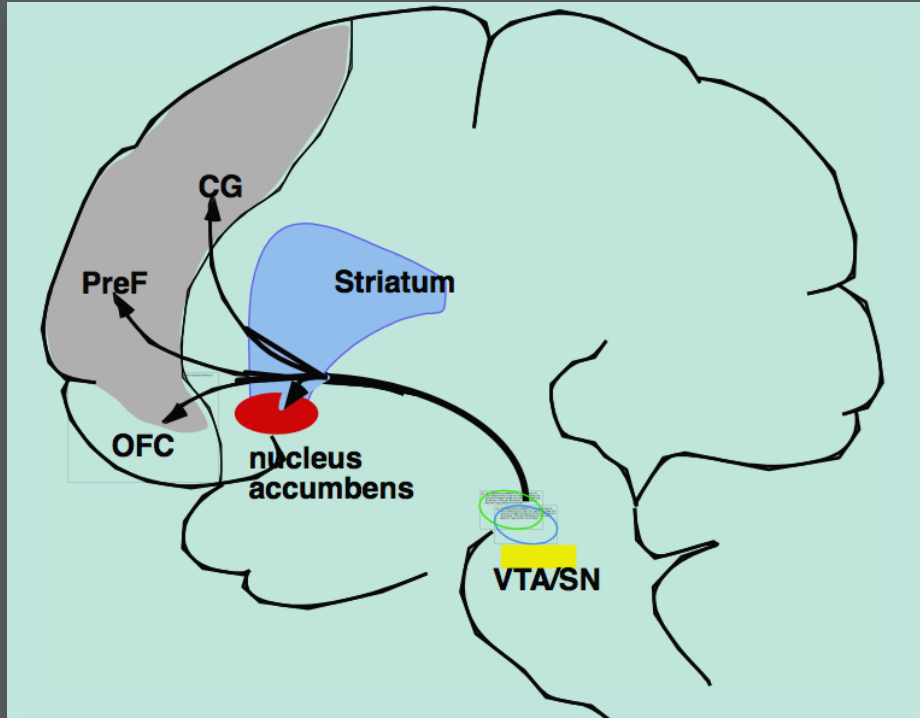
Decreased Brain
Metabolism



Hall, Lancet 2015
Koob, Neuropsychopharm 2001
Volkow et al. *Neuroimage* 2013



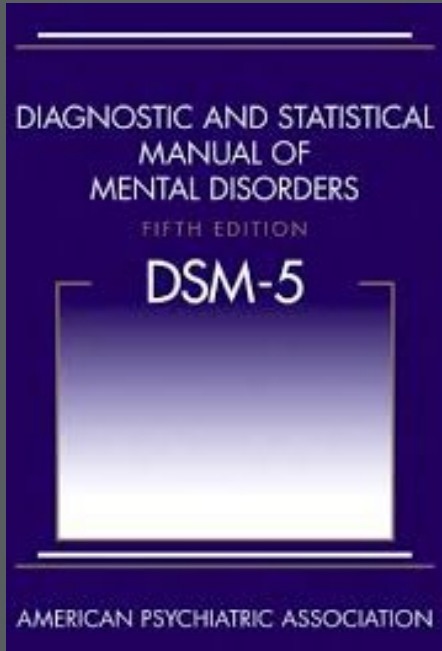
Dysregulation → “hard wiring” → loss of control



- Prefrontal cortex helps determine the risks and benefits of behaviors and make **rational** choices.
- Repeated activation → impaired regulation by the front of the brain. Primitive brain regions dominate.



The brakes are disconnected



Brain changes result in behaviors

11 criteria representing “4 C’s”

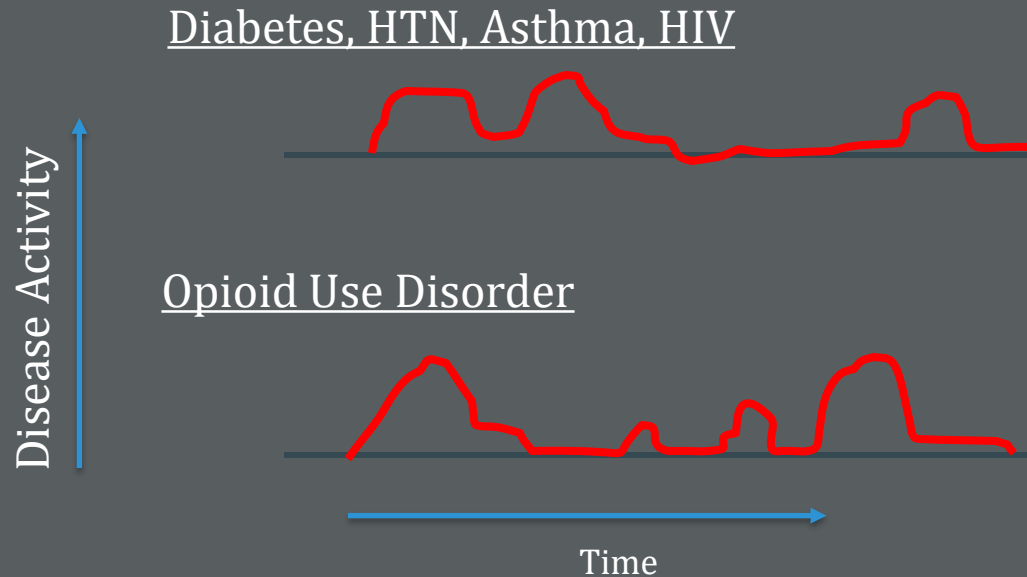
Craving

Compulsion

Consequences

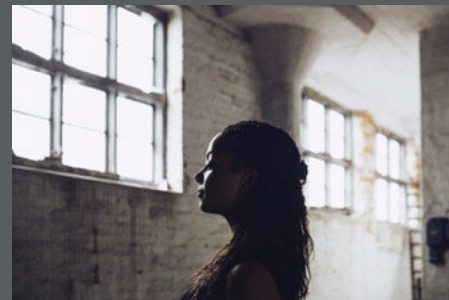
Loss of **C**ontrol

Chronic, relapsing illness



Prevalence In Custody

- 2016 Survey of Prison Inmates, 47% with SUD
- 2019 Census of Jails, 15% in jail screened +OUD
- Metro example: Clackamas Jail¹
 - 26.5% of all medical intakes +OUD
- Rural example: Umatilla jail
 - 17% of bookings entering MOUD program²



1. Hoover D, Feryn A and Waddell, EN. (2023). *Clackamas County, OR Community Corrections Comprehensive Opioid, Stimulant, and Substance Abuse Program Final Report, October 2019 through September 2023*. Oregon Health & Science University-Portland State University School of Public Health, Portland, OR. October 2023.
2. Early program evaluation data, Eastern Oregon Coordinated Care Organization

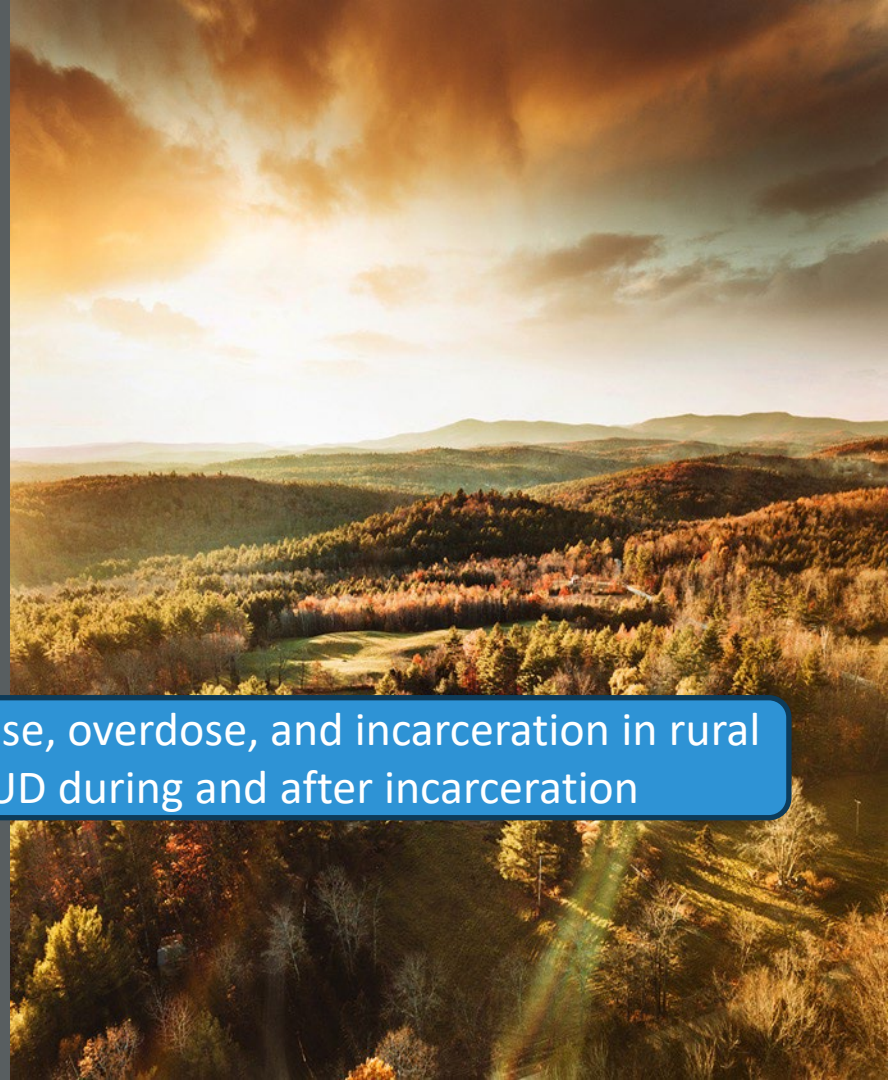
Rural Communities

- Rural Opioid Initiative 2018-20
- 42% recently incarcerated
- 85% of recently incarcerated reported opioid use
 - only 18% received MOUD

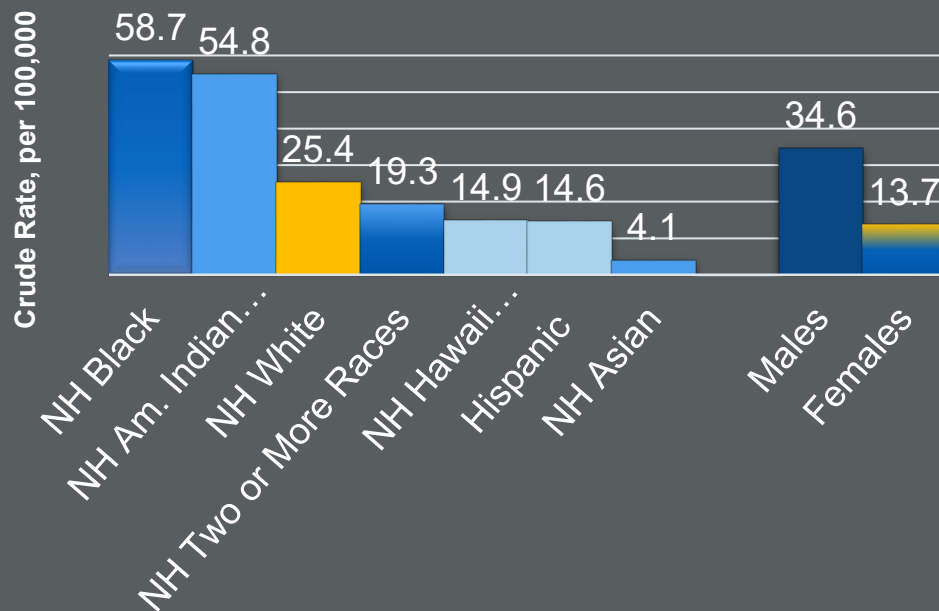
Take away: high rate of intersection of opioid use, overdose, and incarceration in rural areas— we need to expand access to MOUD during and after incarceration

Hoover, D. B., et al. (2023). "Recent Incarceration, Substance Use, Overdose, and Service Use Among People Who Use Drugs in Rural Communities." JAMA Network Open 6(11): e2342222.

<https://ruralopioidinitiative.org/>



Unintentional/Undetermined Drug Overdose Death Rate, by Race / Ethnicity and Sex, Oregon, 2020-2022



Source: Oregon State Unintentional Drug Overdose Reporting System (SUDORS) 2023



Medication for OUD



Three medications for OUD: “M”-OUD

- Medication assisted treatment (MAT)
- Medication for addiction treatment (still MAT)
- Medication supported recovery (MSR)
- Medication for OUD (MOUD)

Three medications for OUD: “M”-OUD

“Bupe”

Partial opioid

- Buprenorphine *Subutex / Suboxone*

Full opioid

- Methadone

Month-long-acting
Opioid antagonist

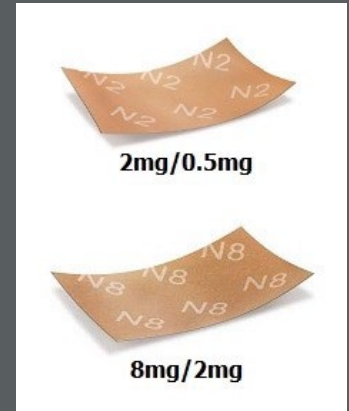
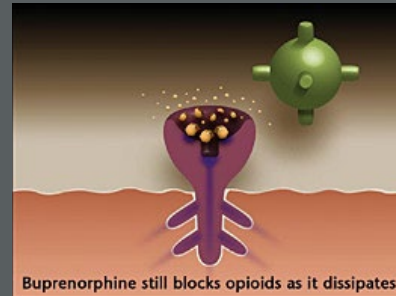
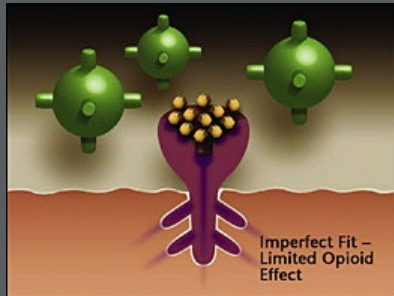
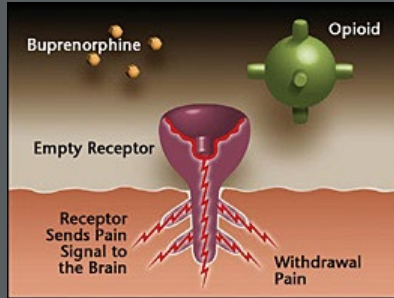
- ER-Naltrexone *Vivitrol*

Rapid short-acting
opioid antagonist

Naloxone – not MOUD
opioid reversal agent

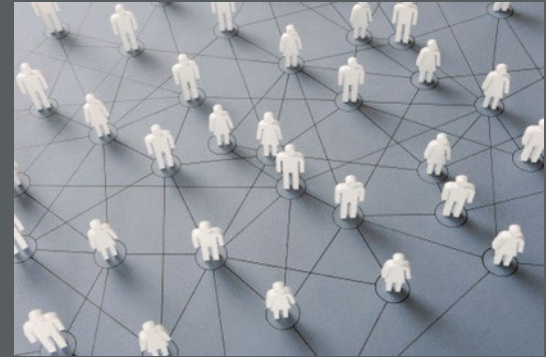


The Opioid Receptor



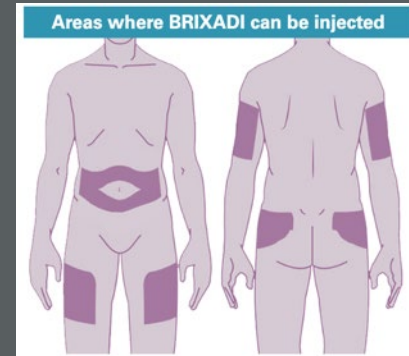
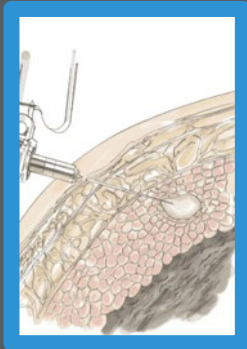
Buprenorphine Access

- Any prescriber with a DEA certification can prescribe
- Medical and behavioral health clinics, telehealth, ERs, hospitals, in jail / prison



ER-Buprenorphine Injectables

- Goal: Improve adherence, decrease diversion or theft. In jails, efficient for staffing.
- *Sublocade* - monthly injection
- *Brixadi* - monthly or weekly injection



Methadone Regulations

The original MOUD
from the 1960s

concerns treating
“opioid addicts” with
an opioid treatment
led to heavy special
regulation

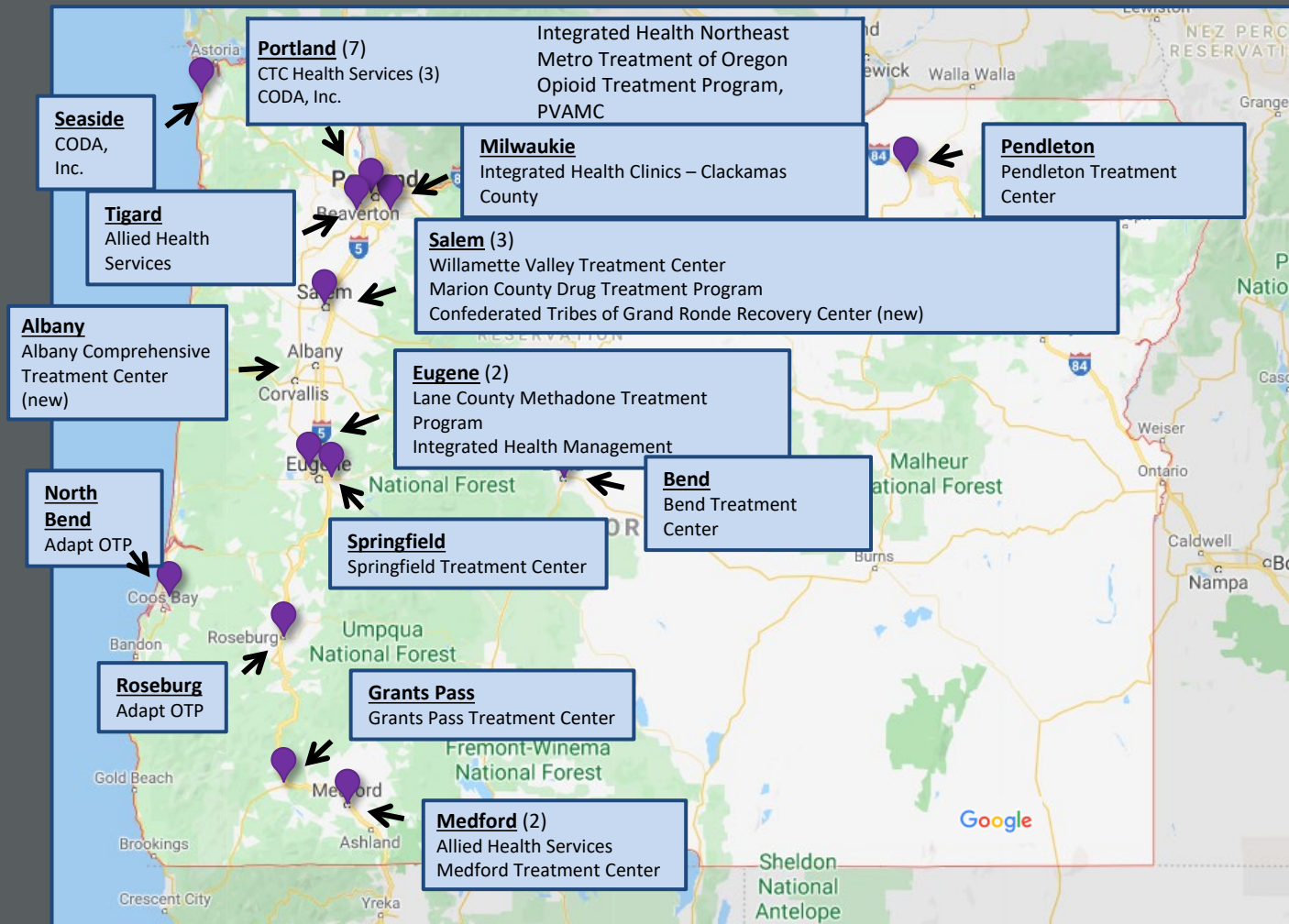


Methadone Access

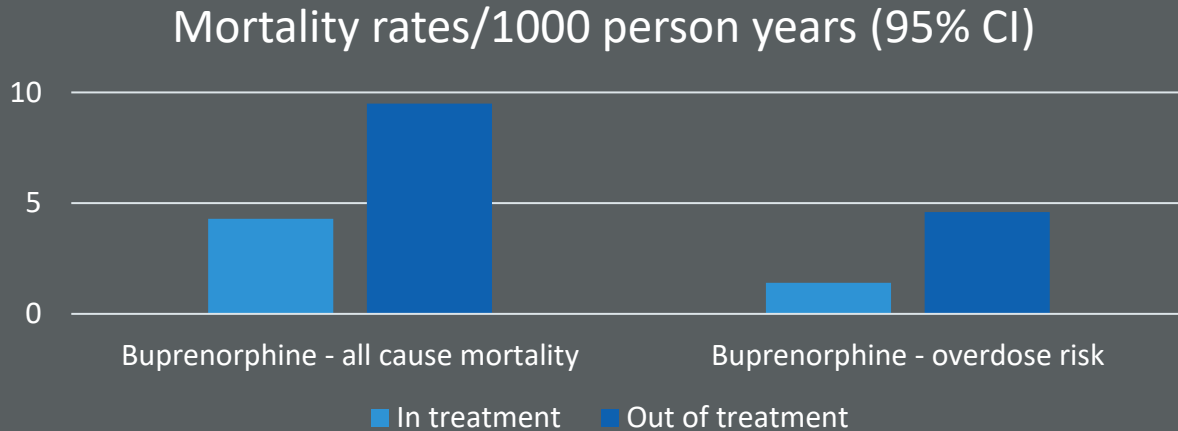
- Cannot be prescribed/filled at a U.S. retail pharmacies (for OUD)
- Dispensed by licensed Opioid Treatment Programs (OTPs)
- Patients visit frequently and can earn “take-home” doses
- OTPs also provide Buprenorphine



Oregon Opioid Treatment Programs (24)



Community MOUD Outcomes



Mortality Risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. Sordo, et al. BMJ 2017.



Incarceration & MOUD

MOUD started pre-release

- Reduced illicit opioid use after release
- Reduced IV drug use
- Reduced Overdose (Lim)

Moore, K. E., et al. (2019). "Effectiveness of medication assisted treatment for opioid use in prison and jail settings: A meta-analysis and systematic review." Journal of Substance Abuse Treatment **99**: 32-43.

Lim, S., et al. (2023). "Association between jail-based methadone or buprenorphine treatment for opioid use disorder and overdose mortality after release from New York City jails 2011–17." Addiction **118**(3): 459-467.

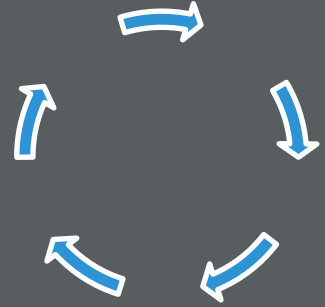
Recidivism Outcomes

Jail with Buprenorphine program outperformed

- Reduced reincarceration (21% vs 39%)
- Reduce re-arraignment (36% vs 47%)

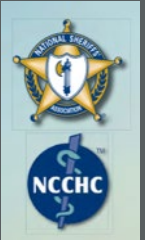
Methods:

- Comparison of 2 neighboring Massachusetts County Jails
- 469 AICs with Opioid Use Disorder
- 1-year follow-up after release



MOUD recommended

- National Sheriff's Association
- National Commission on Correctional Healthcare
- American Society of Addiction Medicine
- SAMHSA
- Bureau Of Justice Assistance
- Many more




Behavioral Treatment and Peer Support

- Comparison of MOUD vs. behavioral treatment pathways found that only MOUD reduced opioid overdose (Wakeman)
- SAMHSA preserves the patient choice
- Peer support improves engagement (Stack)



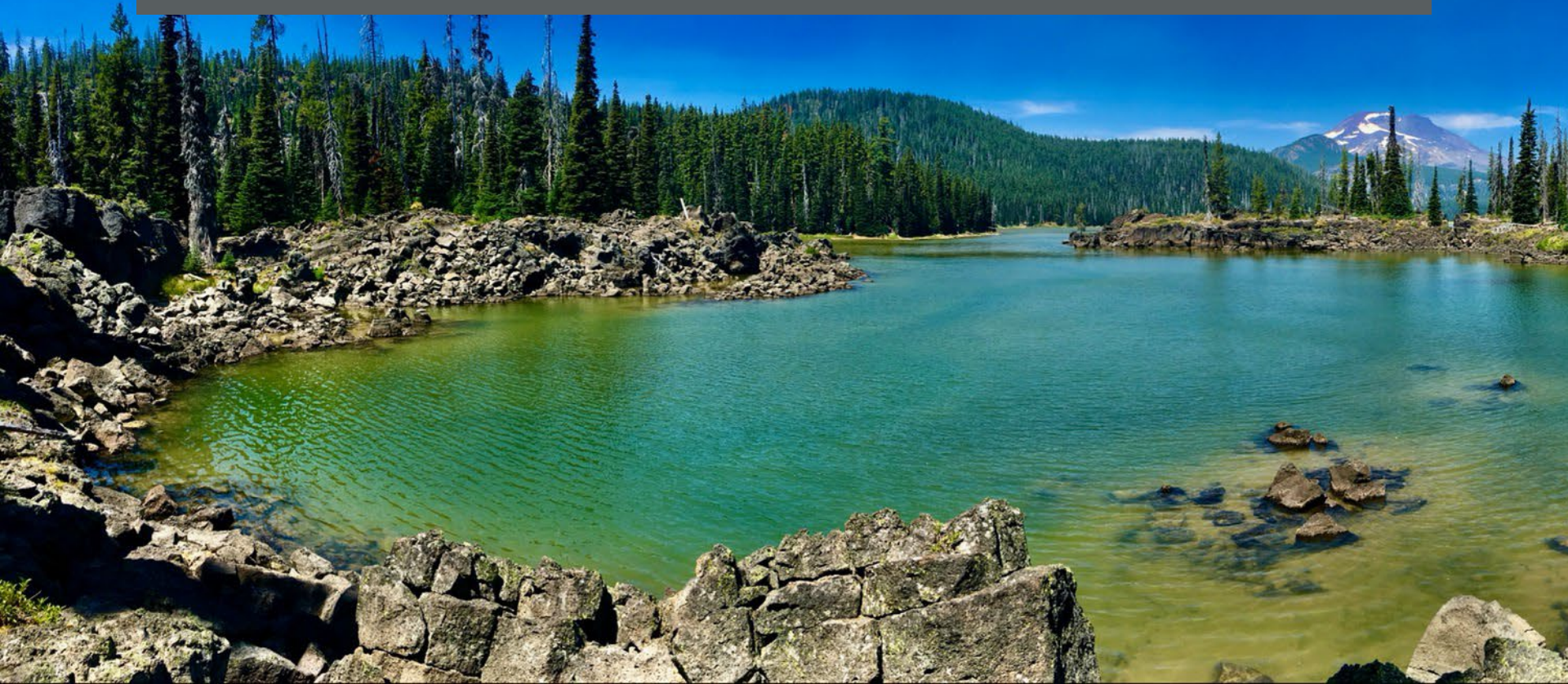
Wakeman SE, Larochelle MR, Ameli O, et al. Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder. *JAMA Netw Open*. 2020;3(2):e1920622. doi:10.1001/jamanetworkopen.2019.20622
<https://www.samhsa.gov/sites/default/files/quick-start-guide.pdf>
Stack et al. *J Addict Med*. 2022



What local MOUD services are you aware of?

What MOUD services would you like to see more of in your program / city / county?

The Need for Systems Transformation



Tuesday, September 24, 2024

Fewer than half of U.S. jails provide life-saving medications for opioid use disorder

NIH findings highlight critical gaps in treatment access in correctional facilities, where almost two-thirds of people have a substance use disorder.

- "...fewer than half (43.8%) of 1,028 jails surveyed across the nation offered any form of medication for opioid use disorder, and **only 12.8% made these available to anyone** with the disorder."
- "The researchers note that even within the jails that offer medications for opioid use disorder, most often these medications are only made available to people who are pregnant, or to those who were already receiving any of these medications at the time of their arrest. "

<https://www.nih.gov/news-events/news-releases/fewer-half-us-jails-provide-life-saving-medications-opioid-use-disorder>



My sponsor says
that's trading one
drug for another

The jail said they
don't allow those
medications

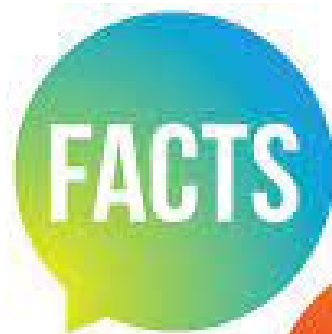
I've never told my
primary care doctor.
I'm worried what she
would think

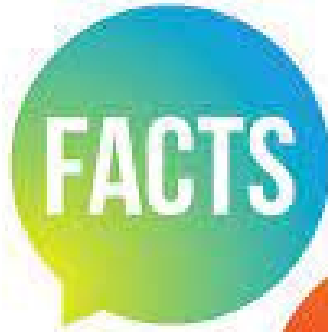


They said no one
knows how to
prescribe it







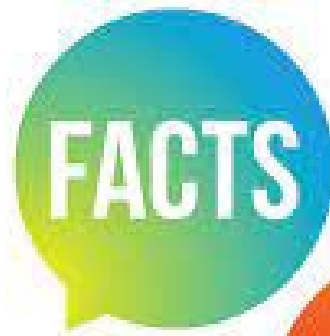


Is MOUD
switching one
drug for another?

MOUD is Treatment

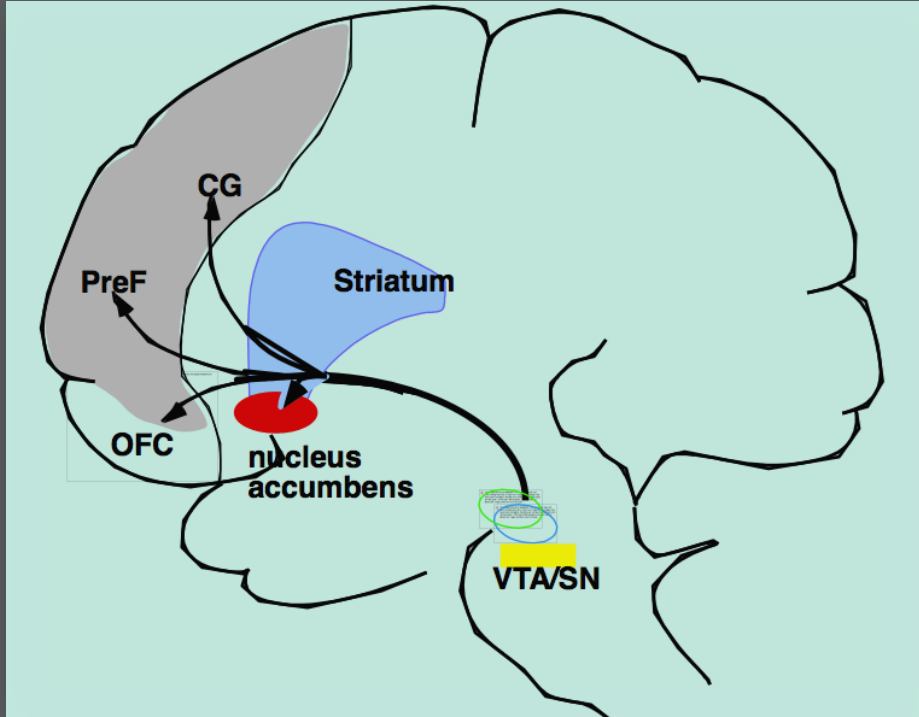
- Reduces return to use
- Reduces overdose and death
- Promotes engagement
- Enables lifestyle change and recovery





After opioid
“detox” (7 days)
I’ll be fine.

Chronic Brain Disease

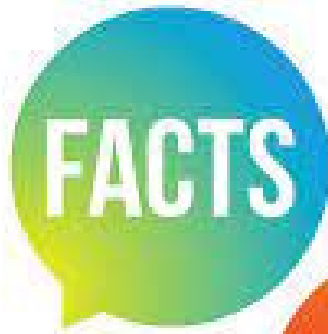


“I wish this were like a pneumonia (lung infection)”

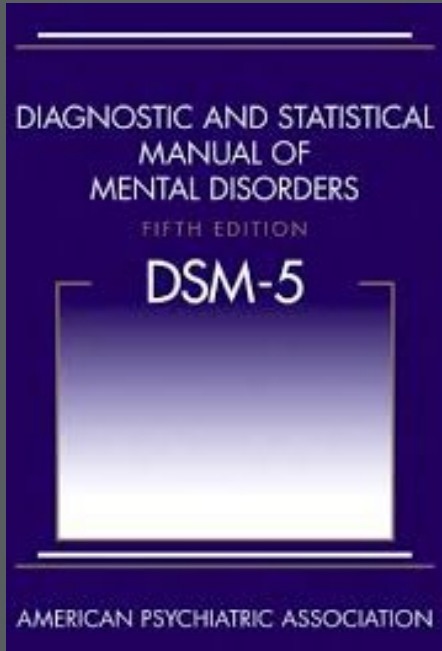
“Detox” vs. Maintenance

- Multi-site trial of buprenorphine for 653 prescription opioid-dependent patients in 10 primary care clinics
- Detox phase followed by maintenance phase
- “Success” = minimal or no use on UDS & self-report

Success at 12 Weeks:	
Detox Phase:	6.6%
Maintenance Phase:	49.2%



Sanctions alone
can treat opioid
use disorder.



Remember these?

Craving

Compulsion

Consequences

Loss of **C**ontrol

Issues with Sanctions Alone

- Powerful sanction experiences (jail / prison)
 - Yet heightened overdose at release (50-100x)
 - Frequent cycling of this population through jails
- Swift-Certain-Fair is *uncertain* for substance use
 - And what about in the era of fentanyl?

Lattimore, P.K., MacKenzie, D.L., Zajac, G., Dawes, D., Arsenault, E. and Tueller, S. (2016), Outcome Findings from the HOPE Demonstration Field Experiment. *Criminology & Public Policy*, 15: 1103-1141. <https://doi.org/10.1111/1745-9133.12248>


Pattavina, A., Long, J. S., Petrich, D. M., M. Byrne, J., Cullen, F. T., & Taxman, F. S. (2024). Revisiting the effectiveness of HOPE/swift-certain-fair supervision programs: A meta-analytic review. *Criminology & Public Policy*, 23, 45-76. <https://doi.org/10.1111/1745-9133.12635>

Better Practices

MOUD supported and
available within the system

- Screening for OUD
- Supportive culture
- Partnerships to Access



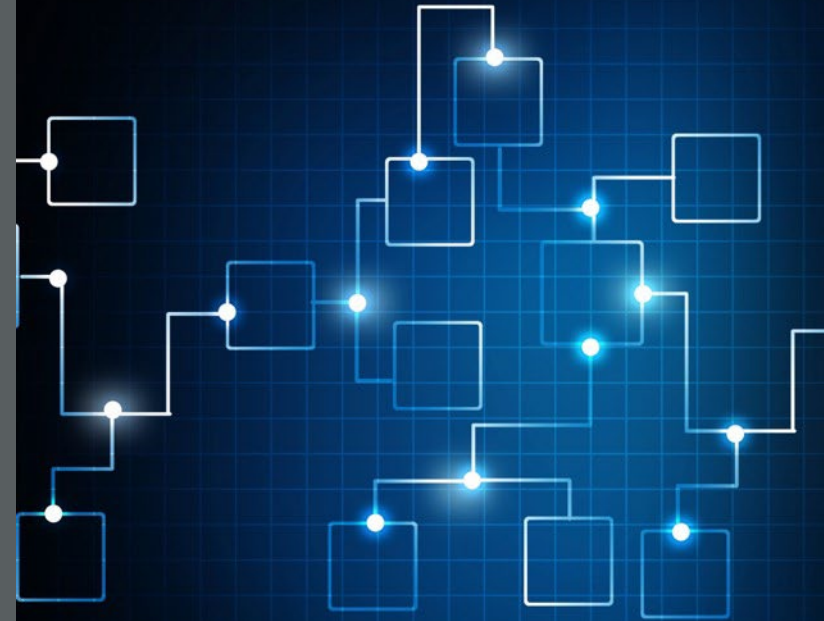


Has your organization changed
viewpoints or policies on MOUD?
Why and what impact have you seen?

Funding the Care



- Medicaid coverage (OHP)
- Medicaid CCO special projects
- M110 / BHRN grants
- State / local opioid settlement funds
 - July 2024 decision - OTPs
- Deflection CJC BHD grant: connections
- CJC's jail-MOUD grant (2024-25)
 - Second iteration in Fall?
- Carceral Medicaid 1115 Waiver (2026)



Opioid Settlement Funds (State)

- Expanding methadone access
- Encouraged jail collaboration

Fund 3 OTP Medication Units in Metro Region (\$3.9 mil)	Fund 7 OTP Units outside of Metro Region (\$9.1 mil)
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State Opioid Treatment Authority

John.W.Mcilveen@oha.oregon.gov
Dana.C.Bowman@oha.oregon.gov





Oregon Criminal Justice Commission JMOUD Grants

- Jail-based medication for opioid use disorder (MOUD) programs
- Serving adult jails
- First grant period ends 9/2025; 21 jails applied
- 2025 governor's budget includes funding for a second year of grants; HB5005 includes CJC budget



OREGON
HEALTH
AUTHORITY

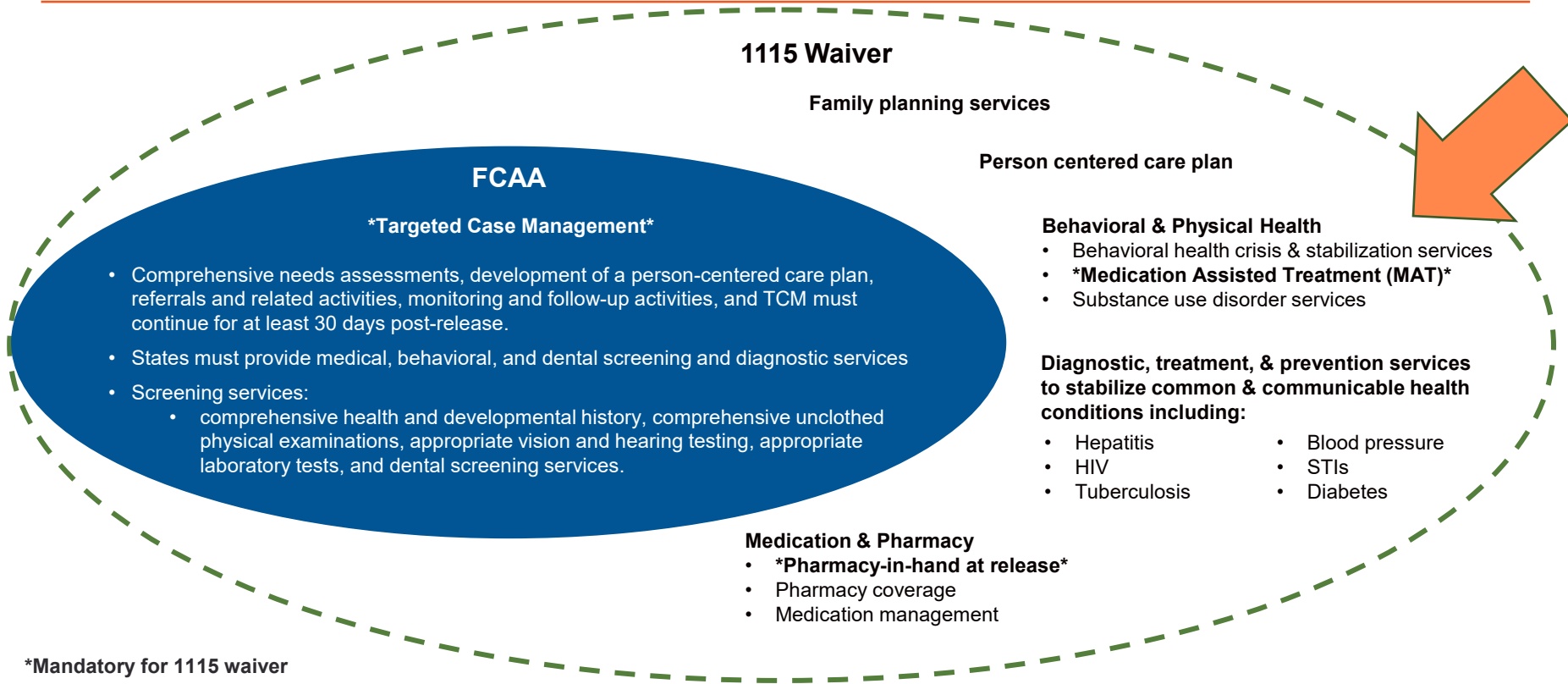
March, 2025

Reentry Health Care Program Overview

SUD/MAT Focus

Courtesy of Amber Chaney, Operations and Policy Analyst, Reentry Health Care Program, OHA

Reentry Health Care Services Program



Question & Answers

Contact information:

<https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/Reentry-Info.aspx>

Ohp.Carceralprograms@oha.Oregon.gov





OHSU Resources

OHSU-TA for Jails

Individual Jail Technical Assistance

OHSU Addiction Medicine is now offering individual additional technical assistance beyond this ECHO for jails starting new MAT/MOUD programs, or wanting to expand MAT/MOUD services using new funding. Contact Dan Hoover, MD, at hooverda@ohsu.edu to indicate interest. This opportunity is funded by [Oregon's Opioid Settlement Prevention, Treatment and Recovery Board](#).



Deflection Technical Assistance (TA)

Implementation Team
OHSU Section of Addiction
Medicine (Department of General
Internal Medicine)



**Implementation
TA Center**



Dan Hoover

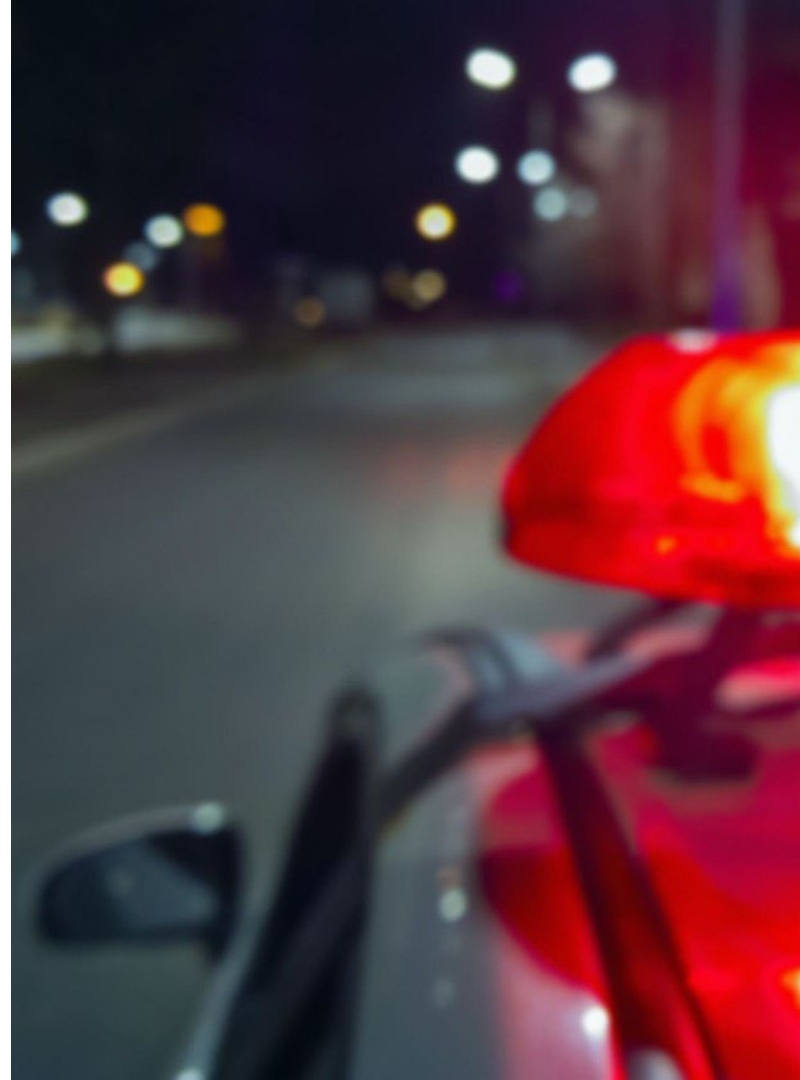
Addiction Medicine
Team Lead

dan.hoover@ohsu.edu



Nancy Goff

ORPRN Deflection
Team Lead



OHSU-ECHO Resources

Deflection Engagement
and Coordination

1st & 3rd Wednesdays
Noon



SUD in Jails, Community
of Practice

2nd Tuesdays
Noon

<https://www.oregonechonetwork.org/addictionmedprograms>

OHSU “Harbor” HRBR Clinic

What: Low barrier, bridge clinic providing rapid virtual access to buprenorphine and other medications for addiction treatment.

Time: M-F, 10AM to 7 PM

Insurance: Accept any and NO insurance



How to refer or self-refer? Call 503-494-2100

OHSU Clinical Advice Line

Free, real-time advising for your care of Oregonians

Call (503) 494-4567 Mon-Fri, 8 am-5 pm and ask for Addiction Medicine.

Responsibility for treatment and diagnostic decisions remains with you, the treating provider, when an OHSU physician is providing advice to you.





Thank You

hooverda@ohsu.edu

